



Department of  
**Human Services**

# Submitting Claims for SFSP

2020-2021

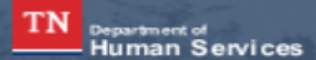
# Objectives

- Discuss how to navigate claims in the Tennessee Information Payment System (TIPS)
- Discuss important details and information regarding claims
- Briefly discuss the records needed to substantiate submitted claims



# Claims Overview

## Summer Food Service Program



Applications | Claims | Compliance | Reports | My Account | Search

Programs | Year | Help | Log Out



### Summer Food Service Program

<http://www.tn.gov/humanservices/topic/learn-about-the-summer-food-service-program>

**DHS Food Program** 615-313-4749

**Fiscal Services** 615-313-5567

### Claims Information

#### ■ Payment Schedules

- Claims are scheduled to be paid twice monthly, on the 15th of each month and the last day of the month.
- To be paid on the 15th, your claim must be submitted no later than the 7th.
- To be paid at the end of the month, your claim must be submitted no later than the 21st.

- CFDA- 10.558- Child and Adult Care Food Program
- CFDA- 10.559- Summer Food Service Program
- FAIN- 175TN331N1099
- FAIN- 175TN331N2020
- FAIN- 185TN331N1099
- FAIN- 185TN331N2020
- FAIN- 195TN331N1099
- FAIN- 195TN331N2020
- FAIN- 205TN331N1099
- FAIN- 205TN331N2020

# Reimbursement

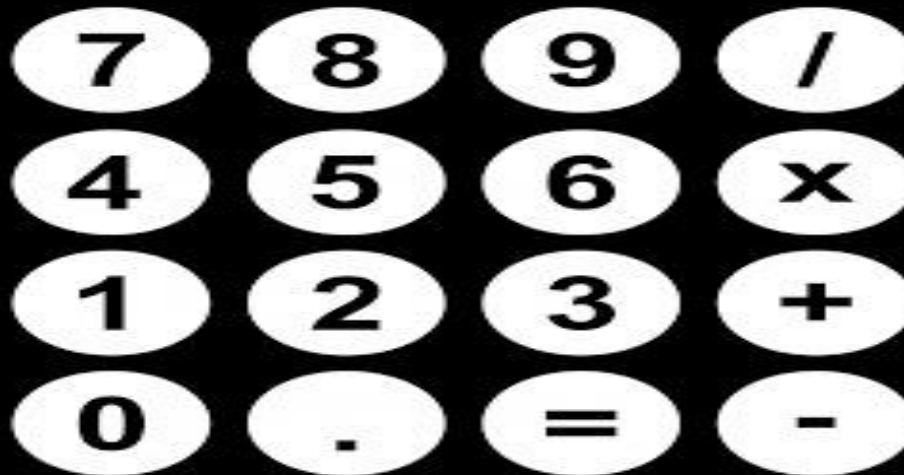
## January 1, 2021-December 31, 2021

Per Meal Rates	Continental US	Continental US
Site Types	Rural or Self-Prep	All Other Types
Breakfast	2.4625	2.4150
Lunch or Supper	4.3175	4.2500
Snack	1.0200	0.9975
Administrative Rates	Continental US	Continental US
Site Types	Rural or Self-Prep	All Other Types
Breakfast	0.2225	0.1750
Lunch or Supper	0.4075	0.3400
Snack	0.1100	0.0875

**Federal Register/Vol. 85 No.251/Thursday, December 31, 2020/Notices**

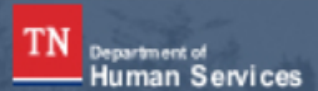
# Reimbursement

Number of meals served x Combined administrative and operating rates for reimbursement




# Claims Menu

## Summer Food Service Program



[Applications](#) | [Claims](#) | [Compliance](#) | [Reports](#) | [My Account](#) | [Search](#)

 [Programs](#) | [Year](#) | [Help](#) | [Log Out](#)

[Claims](#) >

Program Year: 2020 - 2021

Item	Description
<a href="#">Claim - SFSP</a>	Summer Food Service Program Claims
<a href="#">Claim Rates</a>	View current claim rates
<a href="#">Payment Summary</a>	Summary of payments made to this Sponsor

# Claim Dates

Date	Description
Date Created	This date is set to the current system date when the claim is initially created.
Date Modified	This date is set to the current system date when the claim is initially created and each time the claim is saved.
Date Received	This date is typically set to the date the claim was first submitted to the State. The date can be changed by an authorized State user via the Internal Use Only section of the claim form until the claim has been processed for payment. The value of this field is used to validate the 60-day submission claim rule on an original claim.

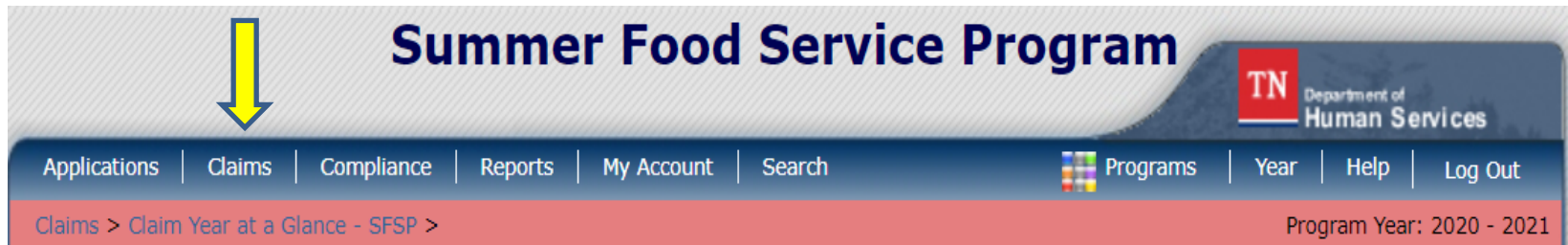
# Claim Dates

Date	Description
<b>Date Accepted</b>	<p>This date is set to the current system date each time the claim is submitted for payment and contains no errors. If errors are detected during the submit process, the date is not set.</p> <p>These claims are identified with a status of “Accepted”. Accepted claims can be modified until they are included in a payment batch.</p>
<b>Date Processed</b>	<p>This is the date that the claim was added by the State into the batch payment process (in the Accounting module). Once the claim has been added to a batch (i.e., “batched”), it cannot be modified.</p> <p>These claims are identified with a status of “Accepted*” until the batch process has completed. When the batch process is completed, the status of the claim is “Processed.”</p> <p>If a change is required to a claim that has a status of “Accepted*” or “Processed”, a revised claim must be entered into the system.</p>




# Claim Entry

- On the blue menu bar, select Claims.



- From the Claims menu, select the Claim - SFSP.



Item	Description
Claim - SFSP	Summer Food Service Program Claims
Claim Rates	View current claim rates
Payment Summary	Summary of payments made to this Sponsor

# Claim Entry

- Select the Claim Month you would like to submit a claim.

Claim Month	Adj Number	Claim Status	Date Received	Date Processed	Earned Amount
Oct 2020	0	Processed	12/29/2020	01/08/2021	\$131,542.65
Nov 2020					\$0.00
Dec 2020	0	Processed	02/28/2021	03/09/2021	\$75,398.64
Jan 2021	1	Accepted	04/09/2021		\$64,729.91
Feb 2021	1	Accepted	04/28/2021		\$40,062.43
Mar 2021	0	Pending			\$0.00
Apr 2021					\$0.00
May 2021					\$0.00
Jun 2021					\$0.00
Jul 2021					\$0.00
Aug 2021					\$0.00
Sep 2021					\$0.00
Year to Date Totals					\$311,733.63

< Back

# Claim Month Details

- “Processed” claims cannot be modified.
- “Accepted” claims can still be modified.

## Claim Month: January 2021

Claim Items	Adj Number	Date Received	Date Accepted	Date Processed	Earned Amount	Status
<a href="#">View</a>   <a href="#">Summary</a>	0	03/04/2021	03/04/2021	03/09/2021	\$59,592.99	Processed
<a href="#">View</a>   <a href="#">Modify</a>   <a href="#">Summary</a>	1	04/09/2021	04/26/2021		\$5,136.92	Accepted
Total Earned					\$64,729.91	

# Claim Site List

Month/Year Claimed	Adjustment Number	Date Received	Date Accepted	Date Processed	Reason Code
Jan 2021	0	03/04/2021	03/04/2021	03/09/2021	Original

Actions	Site #	Site Name	Errors	Status
Add	0074	Pershing Park NCC		
	0075	Semmes NCC		Not Eligible
	1037	Cunningham Community Center		Not Eligible
View   Modify	1041	Katie Sexton Community Center		Validated

# Add an Original Claim (Steps 1-3)

- 1 • From the Claims menu, select Claim - SFSP.
- 2 • Select the desired Claim Month.
- 3 • Select Add Original Claim button.

Claim Items	Adj Number	Date Received	Date Accepted	Date Processed	Earned Amount	Status
There are no claims for this month.						
Total Earned					\$0.00	

[< Back](#) [Add Original Claim](#)

# Add an Original Claim (Steps 4-5)

- Under Actions, select Add to the left of the Site Name you wish to add an original claim.

Actions	Site #	Site Name	Errors	Status
	0074	Pershing Park NCC		
	0075	Semmes NCC		Not Eligible
	1037	Cunningham Community Center		Not Eligible
<a href="#">View</a>   <a href="#">Modify</a>	1041	Katie Sexton Community Center		Validated

- For each site claim, enter claim information for all enrolled programs.

# Add an Original Claim -5A (1-5): Total Number of Days Food Served

## General Information

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### Total Number of Days Food Served

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1. Breakfast

0

2. AM Snack

0

3. Lunch

0

4. PM Snack

0

5. Supper

0

# Add an Original Claim -5B (6-10): Self-Prep/Vended-Rural Meals Served

## Self-Prep and/or Vended-Rural Meals Served to Children

Report only meals meeting the requirement on the agreement. By completing the Camp Meals Served column, I certify that the Actual Eligible ADP for each Camp session is correct and accurate on the Site Application.

	First Meals Served	Second Meals Served	Camp First Meals Served	Camp Second Meals Served
6. Breakfast	0	0	0	0
7. AM Snack	0	0	0	0
8. Lunch	0	0	0	0
9. PM Snack	0	0	0	0
10. Supper	0	0	0	0



# Add an Original Claim- 5C (11-15): Vended-Urban Meals Served

## Vended-Urban Meals Served to Children

Report only meals meeting the requirement on the agreement. By completing the Camp Meals Served column, I certify that the Actual Eligible ADP for each Camp session is correct and accurate on the Site Application.

	First Meals Served	Second Meals Served	Camp First Meals Served	Camp Second Meals Served
11. Breakfast	0	0	0	0
12. AM Snack	0	0	0	0
13. Lunch	0	0	0	0
14. PM Snack	0	0	0	0
15. Supper	0	0	0	0

# Add an Original Claim -5D (16-20): Non-Reimbursable Meals & Step 6

## Non Reimbursable Meals

	Meals Served to Ineligible Children	Meals Served to Program Adults	Meals Served to Non-Program Adults
16. Breakfast	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
17. AM Snack	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
18. Lunch	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
19. PM Snack	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
20. Supper	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

6 • Select Save.

Save

Cancel

# Original Claim (Steps 7-8)


- 7 • Repeat Steps 3-6 for each desired site.
- 8 • Once all site claims are completed, select the Continue button on the Claim Site List screen.



- To submit the claim, check the Certification box and select the Submit for Payment button.

**Certification**

☐ I certify that the information on this voucher is true and correct to the best of my knowledge; that records are available to support this claim; and that it is in accordance with the terms of existing agreement and payment has not been received. I understand that this information is being given in connection with the receipt of federal funds and that deliberate misrepresentation may subject me to prosecution under applicable state and federal statutes.



< Back Submit For Payment

# Modify an Unprocessed Claim (Steps 1-3)

- 1 • From the Claims menu, select Claim - SFSP.
- 2 • Select the desired Claim Month.
- 3 • Select Modify.


## Claim Month: January 2021

Claim Items	Adj Number	Date Received	Date Accepted	Date Processed	Earned Amount	Status
<a href="#">View</a>   <a href="#">Summary</a>	0	03/04/2021	03/04/2021	03/09/2021	\$59,592.99	Processed
<a href="#">View</a>   <a href="#">Modify</a>   <a href="#">Summary</a>	1	04/09/2021	04/26/2021		\$5,136.92	Accepted
Total Earned					\$64,729.91	

# Modify an Unprocessed Claim (Steps 4-6)

- 4 • Under Actions, select Modify to the left of the Site you wish to view.

Actions	Site #	Site Name	Errors	Status
Add	0074	Pershing Park NCC		
	0075	Semmes NCC		Not Eligible
	1037	Cunningham Community Center		Not Eligible
View <b>Modify</b>	1041	Katie Sexton Community Center		Validated



- 5 • Update claim information.
- 6 • Select Save.

# Modify an Unprocessed Claim (Steps 7-9)

- 7 • Repeat Steps 4-6 for each desired site claim you would like to modify.
- 8 • Once all site claims are completed, select the Continue button on the Claim Site List screen.

A screenshot of a web interface. At the top, there are two buttons: a grey button with a left arrow and the text "< Back", and a red button with the text "Continue". A yellow arrow points down to the "Continue" button. Below these buttons is a horizontal line. On the right side of the line, the word "DELETE" is visible in a small, grey font.

- 9 • To submit the modified claim, check the Certification box and select the Submit for Payment button.

# Revising a Processed Claim (Steps 1-4)

- 1 • From the Claims menu, select Claim - SFSP.
- 2 • Select the desired Claim Month.
- 3 • Under Actions, select Revise to the left of the Site Name whose claim you wish to revise.



Actions	Site #	Site Name	Errors	Status
View   <b>Revise</b>	0072	Robinhood Park NCC		Paid
View   Modify	0074	Pershing Park NCC		Approved
	0075	Semmes NCC		Not Eligible
	1037	Cunningham Community Center		Not Eligible
View   Modify	1041	Katie Sexton Community Center		Approved

- 4 • Make any necessary changes to the claim.


# Revising a Processed Claim (Steps 5-7)

- 5 • Select Save
- 6 • Repeat Steps 3-5 for each desired site.
- 7 • Once all site claims are completed, select the Continue button on the Claim Site List screen.
  - To submit the revised claim, check the Certification box and select the Submit for Payment button.



# Deleting a Claim (Steps 1-4)

- 1 • From the Claims menu, select Claim - SFSP.
- 2 • Select the desired Claim Month.
- 3 • Select Modify.
- 4 • Select Modify to the left of the Site Name you wish to view.

Actions	Site #	Site Name	Errors	Status
Add	0074	Pershing Park NCC		
	0075	Semmes NCC		Not Eligible
	1037	Cunningham Community Center		Not Eligible
View  Modify	1041	Katie Sexton Community Center		Validated

# Deleting a Claim (Steps 5-8)

- 5 • Select DELETE in the Edit menu in the upper-right corner.



- 6 • The system transfers you to the bottom of the screen and a warning message is displayed.

- 7 • Select the Delete button at the bottom of the page.



- 8 • Select Finish.

# Combining Claim Months -1


- If the Sponsor has <10 days for a month of operation, the Sponsor may submit a combined claim representing the current month + previous month.

Month/Year Claimed	Adjustment Number	Date Received	Date Accepted	Date Processed	Reason Code
Apr 2020	0	06/01/2020	06/01/2020	06/09/2020	Original

Internal Use Only

Combine month with\*: ☒ March ☐ May

\*Note: Claim months that are being combined with this claim month must have less than or equal to 10 operating days in the month being combined with this claim month.



Mar 2020		Combined with Apr 2020			\$0.00
Apr 2020	0	Processed	06/01/2020	06/09/2020	\$68,128.18

# Combining Claim Months - 2

## General Site Information

14. Operation Dates: Start: 03/25/2020 End: 08/21/2020

15. Enter the number of days the Site will operate each month:

OCT 2019	NOV 2019	DEC 2019	JAN 2020	FEB 2020	MAR 2020	APR 2020	MAY 2020	JUN 2020	JUL 2020	AUG 2020	SEP 2020
0	0	0	0	0	5	21	20	22	22	15	0



Month/Year Claimed	Adjustment Number	Date Received	Date Accepted	Date Processed	Reason Code
Apr 2020	0	06/01/2020	06/01/2020	06/09/2020	Original

CFDA Number 10.559

## General Information

### Total Number of Days Food Served

1. Breakfast	26	
2. AM Snack	0	
3. Lunch	26	
4. PM Snack	0	
5. Supper	0	

# One-Time Exception



**WARNING:** An original claim cannot be submitted by a Sponsor if the received date is more than 60 days from the last day of claim month/year. For exceptions to this rule, contact your Program Specialist.

- Program:
- Claim Month:
- TIPS ID Number:
- Date of the Request:
- Organization's Name
- Reason for missing the claim deadline:
- Corrective action to ensure deadlines are met moving forward:
- Signature and title of person submitting request

Note: A sponsor that has been granted a one-time exception cannot request another exception for 36 months.

# Recordkeeping

Documentation of the monitoring review during the first 4 weeks of operation if available at time of initial visit to sponsor. If not, then at time of claim verification sponsor visit

Menus (for review month)

Site information sheets listing current sites, meal types and meal times/types  
(TIPS)

Food service management company contract/s (if applicable) and any other documentation pertaining to the meal service

# Recordkeeping

Daily and/or weekly meal count records

Delivery Tickets (if applicable)

Documentation of any program income

Administrative and Operational cost documentation (timesheets, mileage claim records, receipts for expenses, inventory control sheets, invoices, bank records)

# Daily Meal Count (Lines 1-2)


## SUMMER FOOD SERVICE PROGRAM

## Sample Daily Meal Count Form

Site Name: \_\_\_\_\_ Meal Type (circle) : B L SN SU

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Delivery Time: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Meals received/prepared \_\_\_\_\_ + Meals available from previous day \_\_\_\_\_ = \_\_\_\_\_ (Total meals available)  [1]












First Meals Served to Children (cross off number as each child receives a meal):

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60
61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80
81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120
121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140
141	142	143	144	145	146	147	148	149	150										

Total First Meals +  [2]



# Daily Meal Count (Lines 3-9)

Second meals served to children:															<b>Total Second Meals +</b>						[3]			
1	2	3	4	5	6	7	8	9	10												[4]			
Meals served to Program adults:															<b>Total Program Adult Meals +</b>						[4]			
1	2	3	4	5	6	7	8	9	10												[5]			
Meals served to non-Program adults:															<b>Total non-Program Adult Meals +</b>						[5]			
															<b>TOTAL MEALS SERVED =</b>						[6]			
															<b>Total damaged/incomplete/other non-reimbursable meals +</b>						[7]			
															<b>Total leftover meals +</b>						[8]			
<b>Total of items:</b>															[6]	+	[7]	+	[8]	=	[9]			
															(Item [9] should be equal to item [1])									
Number of additional children requesting a meal after all available meals were served:																								
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15										
By signing below, I certify that the above information is true and accurate:																								
Signature 										Date 														

# Reminders

- Daily meal counts are records used to justify claims for reimbursement.
- Accurate point-of-service counts are critical!
- Only complete meals served to eligible children can be claimed for reimbursement.
- The site supervisor must sign and date at the bottom of each form.
- As a sponsor review meal count forms daily!
  - Look for patterns for incorrect meal counts
    - Same number of meals served each day
    - Number of meals served each day is the exact number of meals delivered

# Impact of Invalid Claims Submission

- Denial of claim payments
- Request for reimbursement of paid claims
- Fines
- Possible imprisonment

# Review

- Discussed how to navigate claims in the Tennessee Information Payment System (TIPS)
- Discussed important details and information regarding claims
- Briefly discussed the records needed to substantiate submitted claims

# Q & A

What questions do you have for us?



# USDA Program Discrimination Complaint Information

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: [How to File a Complaint](#), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

Thank you!

THANK

*You*